

Wellpath
Patient Medical, Dental, and Mental Health Grievance & Appeal Form

Facility: <u>MCR-Cedar Junction</u>	Housing Unit: <u>B7</u>	Check level:
Patient First Name: <u>Kevin</u>	ID#: <u>W114235</u>	Grievance to HSA <input checked="" type="checkbox"/>
Patient Last Name: <u>Benner</u>	Date of Birth: <u>8/30/69</u>	Appeal to wellpath <input type="checkbox"/>

You are required to bring medical, dental and mental health grievances to the attention of the HSA or designee through one of the following informal means before submitting a formal grievance:

Please indicate:

- Have you submitted a sick slip about the issue described?
 Have you attended Staff Access?
 Have you spoken to the HSA or DON?

Yes ☒ No ☐
 Yes ☒ No ☐
 Yes ☒ No ☐

C.P.O.

Please read the following carefully:

Step 1: Completed medical, dental and mental health grievance forms may be submitted directly to the Health Services Administrator (HSA), DON, or institution protocol. In special management units, forms may be handed to rounding healthcare staff.

Step 2: You may appeal the grievance decision as follows:

- Utilize the same form to complete an appeal.
- An appeal must be postmarked within 10 business days from the grievance decision receipt.
- The appeal must be filed directly with the Wellpath Grievance and Appeal Administrator, by sending it to:

Wellpath
 16 Chestnut Street
 Suite 250
 Foxborough, MA 02035
 Attn: Appeals

The decision of the Wellpath Grievance and Appeal Administrator is final.

Summary of Complaint (Details Must Be Described In This Area - attach additional sheets if necessary):

MEDICAL ☒ DENTAL ☐ MENTAL HEALTH ☐

I'm having Severe Stomach & abdominal Pain, Severe Rectal Pain, Was not told my stool samples were positive for blood, was denied further testing for parasites or bacteria in feces (fecal Calprotectant test) I was dizzy to the point of nearly passing out, was sent to Medical on Emergency

Bas's, was denied to see A Doctor not triage By Maryanne Oden who was very rude, was told By The N.P. That it was all just my Anxiety. I told Maryanne Oden I have Conjunctivitis again 3 days ago and still no eye antibiotics. Want move to cell with window ASAP

Patient Signature:

Date:

Kevin Benner

11/11/20

Healthcare Staff ONLY:

Date Received:

11/12/2020

Staff Recipient:

APD

Routed To:

Grievance Directions

- The Patient Medical, Dental and Mental Health Grievance and Appeal Form must be used. The grievance must be legible and filled out in its' entirety. Grievances shall be submitted by the individual patient expressing a complaint or an issue. The grievance and appeals process is not to be used for obtaining routine medical, dental, mental health, or emergency care.
- A formal grievance must be filled out: within 10 business days of the incident/situation, within 10 business days of the patient becoming aware of the incident/situation, or within 10 business days or when the patient receives a response to an informal complaint.
- Whenever a grievance is returned, the patient shall have an additional 3 business days from the date of receipt to resubmit the grievance with the additional information requested. If the grievance is not resubmitted, it shall be interpreted that the grievance has been withdrawn.
- A response to all formal grievances shall be made within 10 business days of receiving the grievance. Additional time may be needed in order to generate a more complete response. The patient shall receive notification when this occurs.

Appeal Directions

- An appeal must be postmarked within 10 business days of receipt of the grievance decision. The appeal must be submitted to the Wellpath address listed above.
- Should the appeal be returned for improper format, the patient shall have 3 business days from the date of receipt to resubmit the appeal with the additional information requested. If the appeal is not resubmitted, it shall be interpreted as withdrawn.
- The patient shall receive a response within 30 business days, should additional time be needed, the patient shall receive written notification. The appeal decision is final.

Abuse of Grievance and Appeals Process

Wellpath recognizes the right of a patient to disagree or question the healthcare system however, abuse of the process will result in may result in disciplinary action to include:

1. A patient who files five or more grievances in a week or twenty or more grievances in any 180 consecutive day period may be determined to be abusing the grievance procedure.
2. A patient who continues to file grievances after an issue has been resolved through all levels of the grievance and appeals process may be determined to be abusing the grievance procedure.
3. A patient who is found to be intentionally disregarding the proper grievance and appeal procedure, which results in the disruption of normal business, may be determined to be abusing the grievance procedure.

Upon determination of abuse, limitations on the patient's ability to file grievances may be imposed as follows:

1. Suspension of the patient's ability to file grievances for a length of time commensurate with the degree of abuse.
2. Length of suspension may be up to six months and may be increased for second and subsequent offenses in increments not to exceed six months.
3. Patients who are found to abuse the grievance process shall be provided with a Suspension of Grievances Letter.

~~The following requests are outside the scope of the grievance and appeal process:~~

Any type of compensation

Change of medical, dental, or mental health staff

Involvement in the disciplinary process concerning staff or patient

Access to or copies of Wellpath policies and procedures

Complaints not related to medical, dental, or mental health services

Any DOC related issues

Reversing court orders

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF CORRECTION

MEDICAL/MENTAL INMATE GRIEVANCE FORM FORWARD TO THE HEALTH SERVICE ADMINISTRATOR

Name BENNER KEVIN M Grievance# 111257 Institution MCI CEDAR JUNCTION

Commit No. W114235 Housing A 3 Date Of Incident 20201111 Date Of Grievance 20201111

Informal filed Yes

Complaint "Im having severe stomach & abdominal pain, severe rectal pain was not told my stool samples were positive for blood, ~~was denied further testing for parasites or bacteria in feces (fecal calprotectin test)~~ I was dizzy to the point of nearly passing out, was sen to medical on emergency"

Remedy Requested "Basis, ~~was denied to see a doctor not triage by Maryann Dolan who was very rude. Was told by the N.P. that it was all just my anxiety. I told Maryann Dolan I have conjunctivitis again 3 days ago and still no eye antibiotics.~~ Want move to cell with window ASAP."

Staff Recipient Resley Ashia Admin Assistant I

Staff Involved _____

Signature _____

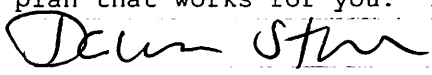
RECEIPT BY THE HEALTH SERVICE ADMINISTRATOR

Date Received 20201112 Decision Date 20201209

Signature Struzzieri Dawn M Health Services Administrator

Final Decision DENIED

Decision Mr. Benner,
I have received your grievance and reviewed your chart. I have denied your grievance at this time because you stated that the remedy that you are looking for is to be moved to a cell with a window. The medical department does not decide where anyone is housed unless you require acute medical treatment. I also see that you have been seen by both nursing and the providers here at Cedar Junction. If you continue to have any concerns I urge you to utilize the sick call process in order to meet with your medical provider to develop a treatment plan that works for you. Thank you.

Signature  Date 12/9/2020

An appeal must be filled out within 10 working days from receipt of the decision by the HSA or designee. An inmate/patient may file an appeal directly with the Medical Grievance and Appeal Coordinator, by sending it to:

INMATE RECEIPT

Name BENNER KEVIN M Institution MCI CEDAR JUNCTION

Commit No. W114235 Grievance# 111257 Date Received 20201112

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

Name	BENNER KEVIN M	Institution	MCI CEDAR JUNCTION
Commit No.	W114235	Housing	A 3
		Date Of Incident	20201111
		Date Of Grievance	20201111
		INMATE RECEIPT	
		MCI CEDAR JUNCTION	

Name	BENNER KEVIN M	Institution	
Commit No.	W114235	Grievance#	
		Date Received	20201112
Signature.	Resley Ashia	Admin Assistant	I

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

Name	BENNER KEVIN M		Institution	MCI CEDAR JUNCTION	
Commit No.	W114235	Housing	A 3	Date Of Incident	20201111
				Date Of Grievance	20201111
				MCI CEDAR JUNCTION	

INMATE RECEIPT

Name	BENNER KEVIN M		Institution	
Commit No.	W114235	Grievance#	Date Received	20201112
Signature.	Resley Ashia Admin Assistant I			

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INFORMAL COMPLAINT FORM

1820

Inmate Name Kevin Bennet Commitment # W14235 Incident Date 9/24/- Present
 Institution Walpole Housing Unit B7 #5

CHECK OFF AREA OF CONCERN (one issue per form allowed)

☐ HOUSING ASSIGNMENT/STATUS ☐ LAUNDRY ☐ PROGRAMS ☐ MAIL ☐ FOOD
☐ CLOTHING/LINEN EXCHANGE ☐ RELIGION ☐ PROPERTY ☐ VISITS
☐ LEGAL EXCHANGE ☐ LIBRARY ☐ PHONE ☒ OTHER: Medical

State completely, but briefly, the single issue of concern and your requested resolution

I have Severe Pain in Stomach & Abdomen, Rectal Bleeding,
 Severe Pain. I Request A Complete Physical Exam By
 a Male DR.
 I want to go to Shattuck Medical Unit, ALSO
 want an MRI on my Stomach.
 I want further testing for fecal Parasites, Of
 Bacteria. My test were positive for occult blood And it
 Was Not told By The NP, I was told All test were negative
 And it's just my Anxiety. I was Denied to See the DR. By
 Maryanne Nolan, Denied Antibiotics for My Sps, I have Chronic Constipation.

List any previous steps you have taken to resolve your concern

I Been to Medical Many time, Keep Seeing Various triage
 Nurses, yet keep being Denied to Be Seen by a Doctor.
 Been Denied further testing. Complaining to More than 5 Nurses,
 Several Officers, and Several COPS. I'm filing a Civil
 Suit and a 110 - Preliminary Injunction to Be Sent to Shattuck unit.

(Use other side of page if more space is needed)

Inmate Signature

Kevin Bennet

Date

11/11/20

Note: If you follow instructions in preparing your request, it can be addressed more readily. Your complaint will be reviewed and replied to within ten (10) business days from the date of receipt.

DO NOT WRITE BELOW THIS LINE (Reserved for Staff Response)

Received By

D. Chane

Date Received

11/17/2020

DECISION

Resolution: Granted ☐ Partially Granted ☐ Denied ☐ Alternate Resolution Offered ☐ N/A ☒

Comments The issue you indicate is a medical issue/concern. The informal complaint process is not an alternative for medical, dental & mental health issue/decisions. You are advised to speak with the medical dept. and/or file a medical grievance.

Decision By

D. Chane

Date

11/17/2020

*Denied informal complaints may be appealed to the Institution Grievance Coordinator within ten (10) business days.

**An inmate shall not be required to submit a step 1 informal complaint form prior to filing an emergency grievance, allegations of staff misconduct, or for allegations of sexual assault/abuse.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INFORMAL COMPLAINT FORM

1821

Inmate Name Kevin Bennek Commitment # W114235 Incident Date 9/24- Present
Institution Walpole CJ Housing Unit B7 #5

CHECK OFF AREA OF CONCERN (one issue per form allowed)

☒ HOUSING ASSIGNMENT/STATUS ☐ LAUNDRY ☐ PROGRAMS ☐ MAIL ☐ FOOD
☐ CLOTHING/LINEN EXCHANGE ☐ RELIGION ☐ PROPERTY ☐ VISITS
☐ LEGAL EXCHANGE ☐ LIBRARY ☐ PHONE ☐ OTHER: _____

State completely, but briefly, the single issue of concern and your requested resolution.

I have been in B7 more than 3 weeks while many other inmates have been moved to A3. These other inmates were not classified. I want a medical move to A3 so I can have a window, I have my chronic bronchial issues, allergies, I had food poisoning and want more privacy to use the toilet. There is a door on the cells on A3. Not bars. Also get 10 stations on my radio. This is a really serious mental health issue. I have several medical issues currently (several issues). I've almost went to the hole twice. Argued with 2 officers and the CPO. I need a window. Cell where is no ventilation in this unit.

List any previous steps you have taken to resolve your concern.

Many trips to medical just to be denied to see a doctor. Many complaints to staff, CPO's, Correctional officers, Mental Health workers.

(Use other side of page if more space is needed)

Inmate Signature Kevin BennekDate 11/11/20

Note: If you follow instructions in preparing your request, it can be addressed more readily. Your complaint will be reviewed and replied to within ten (10) business days from the date of receipt.

DO NOT WRITE BELOW THIS LINE (Reserved for Staff Response)

Received By O. ChaveDate Received 11/17/2020

DECISION

Resolution: Granted ☐ Partially Granted ☐ Denied ☐ Alternate Resolution Offered ☐ N/A ☒

Comments The informal complaint process cannot intervene in classification matters. All classification issues/concerns must be addressed through the classification process in accordance with 103 CMR 420, Inmate Classification.

Decision By O. ChaveDate 11/17/2020

*Denied informal complaints may be appealed to the Institution Grievance Coordinator within ten (10) business days.

**An inmate shall not be required to submit a step 1 informal complaint form prior to filing an emergency grievance, allegations of staff misconduct, or for allegations of sexual assault/abuse.